

## FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIAMMIP-0227  
(Inmate Number)LEVI SLACK JR  
(Name of Plaintiff)730 E WALNUT ST  
(Address of Plaintiff)

LEBANON, PA. 17042

vs.

LEBANON COUNTY CORRECTIONAL FACILITY

730 E WALNUT ST.

LEBANON, PA. 17042  
(Names of Defendants)1 : CV 01-0708  
(Case Number)COMPLAINT  
FILED  
SCRANTON

APR 23 2001

PER RMC  
DEPUTY CLERKTO BE FILED UNDER: ☒ 42 U.S.C. § 1983 - STATE OFFICIALS  
☐ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

## I. Previous Lawsuits

- A. If you have filed any other lawsuits in federal court while a prisoner please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

NONE

## II. Exhaustion of Administrative Remedies

- A. Is there a grievance procedure available at your institution?
- 
- ☒
- Yes
- ☐
- No

- B. Have you filed a grievance concerning the facts relating to this complaint?
- 
- ☒
- Yes
- ☐
- No

If your answer is no, explain why not

## III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use Item B for the names, positions and places of employment of any additional defendants.)

A. Defendant ROBERT L RAIGER is employed  
as WARDEN at LEBANON COUNTY CORRECTIONAL FACILITY

B. Additional defendants CAPT ROBERT J KARNES  
CAPT. OF SECURITY AT LEBANON COUNTY CORRECTIONAL  
FACILITY (and the rest of the Management Team responsible for my

322 hrs. Michael J. Garity - Deputy Director of Operations, John Russell - Deputy Warden,  
Treatment, Edward B. McInyre - Director of Training,  
Michael L. Stuckey - Director of Work Release.)

## IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

1. WARDEN RAIGER, AND CAPT KARNES PLACED ME ON  
ADMINISTRATIVE SEGREGATION, STATING THAT THE  
PURPOSE OF IT BEING, MY STATE CORRECTIONAL RECORD  
STATES I AM A SECURITY RISK WHILE HOUSED AT LCCF
2. PLAINTIFF HAS BEEN ON ADMINISTRATIVE SEGREGATION  
SINCE 2-28-01 UNTIL PRESENT TIME 3-20-01,  
AND HAS NOT RECEIVED ANY MISCONDUCTS TO JUSTIFY  
THIS STATUS
3. HOUSED IN QUARENTINE, WITH INMATES NOT MEDICALLY  
CLEARED BY FACILITY, EVEN THOUGH I'M A STATE  
PRISONER INCARCERATED SINCE SEPTEMBER 1999.  
QUARENTINE SECTION IS AT TIMES UNSECURED, AND  
PLAINTIFF IS AFFORDED RECREATION TIME WITH QUARENTINE

## V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. PLAINTIFF REQUESTS MONETARY DAMAGES, FOR THE PAIN AND SUFFERING INFLICTED. THIS INSTITUTION HAS BEEN EXTREMELY CRUEL AND HAS USED UNUSUAL PUNISHMENT AS TREATMENT
2. PLAINTIFF WANT RECORD TO REFLECT THAT HE WAS UNJUSTLY CLASSIFIED AT L.C.C.F., AS A SECURITY RISK, SO IT DOES NOT AFFECT ANY OTHER INCARCERATION CURRENTLY SERVED
3. PLAINTIFF HAS BEEN MEDICALLY AFFECTED BY BEING HOUSED WITH UNCLEARED INMATES. HAS REPEATEDLY GOTTEN SICK, AND HAS BEEN TREATED BY STAFF AT LCCF, AND CHARGED FOR MEDICAL ATTENTION

Signed this 20<sup>th</sup> day of March, 2001

M. A. J. P., Jr.  
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

03-20-01  
(Date)

M. A. J. P., Jr.  
(Signature of Plaintiff)

## AUTHORIZATION

(Prisoner's Account Only)

**NOTE:** Completing this authorization form satisfies your obligation under 28 U.S.C. § 1915(a)(2) to submit a certified copy of your trust fund account.

I, Levi Stebbins, request and authorize the agency holding me in custody to send to the Clerk of Court, United States District Court for the Middle District of Pennsylvania, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) at the institution where I am incarcerated. I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust account (or institutional equivalent) in the amounts specified by 28 U.S.C § 1915(b).

This authorization is furnished in connection with the filing of a civil action, and I understand that the filing fee for the complaint is \$150.00. I also understand that the entire filing fee will be deducted from my account regardless of the outcome of my civil action. This authorization shall apply to any other agency into whose custody I may be transferred.

Date: 03-20-01, ~~10~~ 2001

  
Signature of Prisoner